

EXHIBIT 12

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2 SUPREME COURT OF THE STATE OF NEW YORK
3 COUNTY OF SUFFOLK: PART 48
-----x

4 IN RE: OPIOID LITIGATION

5
6 INDEX NO.: 400000/2017
7 -----x

8 August 18, 2020
9 Central Islip, New York

10 MINUTES OF FRYE HEARING
11 (Testimony of James Rafalski)

12 BEFORE: HON. JERRY GARGUILLO
13 Supreme Court Justice

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but that the integrity of the system. The person
3 who designs -- the company that designs the system
4 designs it, a trigger.

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So the 100 is the trigger. The
6 resolution of a 100 pill bottle would probably be an
7 easy resolution, an easy due diligence.

8

Hypothetically, that August number could be 30,000.
9 So -- but the answer is yes, the system would stop
10 that order and it should.

11

Q. Would it automatically report it
12 regardless of what that, what the company finds
13 looking at that order?

14

A The system would report it. No, sir.
15 That's up to the registrant.

16

Q. Okay. Now, your methodology, the six
17 months does not build in slight increases from month
18 to month in the threshold to account for the fact
19 that there are time periods in which prescribing
20 levels were increasing, correct?

21

A Again, I don't want to correct you.
22 This isn't my methodology. This was the methodology
23 that was used by Masters, and they elected not to
24 build that component into this system.

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I just used the system as it was

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designed.

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Sir, this methodology, Methodology A does not build in slight increases from month to month to account for time periods in which doctors were making the medical judgment to prescribe more opioids, right?

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9

A It does not build that in, that's correct.

10

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Q. It doesn't adjust threshold levels at all based on whether doctors are making the judgment to prescribe more legitimate prescription opioids or less, correct?

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A There's no components for doctors. It's up to the company that designed it to make the decision on whether or not to ship increasing amounts of that drug.

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Q. Should a suspicious order monitoring

program take into account changes in medical practices such as whether doctors were prescribing more or fewer prescription opioids? Yes or no.

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A There's not a yes-or-no answer to that because of the qualifications.

24

25

Q. Okay. Do you know of any generally accepted methodology for detecting suspicious orders